


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102509**

1. Entity Name  
I & F CORPORATION, GUAM



Principal Place of Business: 115 EAST TROPICANA LAS VEGAS, NV 89109

Mailing Address: 115 EAST TROPICANA LAS VEGAS, NV 89109

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number: 98-0079469 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LIBOW, ALLEN H  
3351 NW BOCA RATON BLVD  
BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP IZUMI, SUKEAKI 115 EAST TROPICANA LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS IZUMI, TOYO 115 EAST TROPICANA LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, ALAN D 115 E TROPICANA AVE LAS VEGAS, NV 89109
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1000000173932  
01/07/05-80039-003 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN D. BROWN 1/4/05 (702) 597-6045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #